

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511332

A 56429-E

DISTRICT _____

DATE 1.4.99

DATE SYSTEM APPROVED 2/16/99

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

03-325954
INDEXED

1/6/99 11:00
1-12-99 3:00 c.o.
2/10/99 12:00 c.o.
1-11-99 2pm
2/12/99 3:00 Pump Test
2/16/99 Alarm Test

Lehsac Corp.

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 202 Azar Court Baltimore, Maryland 21227 PHONE (410) 242-6888

SUBDIVISION Gaither ~~Overlook~~ ^{HUNT} LOT 5 ROAD 11016 Dorsch Farm Road

PROPERTY OWNER Ryan Homes

ADDRESS _____

TOP SEAMED SEPTIC TANK

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

PUMPED SEPTIC SYSTEM

INSTALL: 1-1250 Gallon Top Seamed Pump Chamber
MANHOLE CLEANOUT REQUIRED

NOTES: - Septic pump detail to be provided by
installer prior to issuance of septic
permit.

- Pump performance test is necessary prior
to Health Department approval of pumped
septic system.

TRENCHES - Trench to be 3 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth
5.0 feet below original grade. Effective area begins at 3.0 feet below original grade.
2.0 feet of stone below distribution pipe.

LOCATION - Begin trenches 280 feet up the right lot line and 15 feet off that same lot line as
seen when facing the lot from Dorsch Farm Road. Run trenches on contour toward the
left lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap
to grade or above on septic tank. *OK/MP*

PLANS APPROVED BY Amy McMillen/Glen Savage

REVISED DATE 10-23-98

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

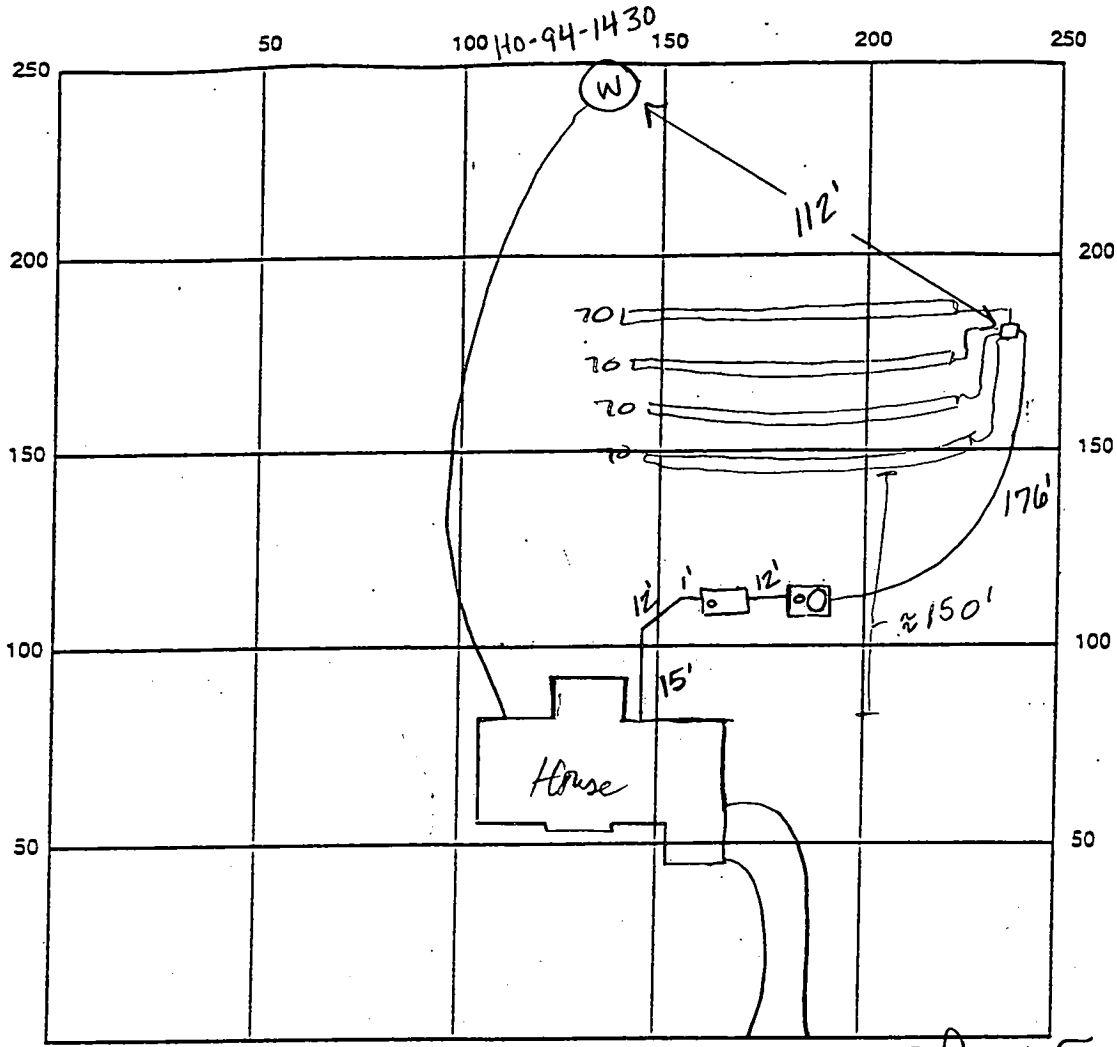
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

56429-E



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Dorsch Farm Rd.

SEPTIC TANK LEVEL OK (2) 1250 top-seam tanks CLEANOUTS 1 on tank, manhole on pump tank

DISTRIBUTION BOX LEVEL OK, baffle in

DRAIN FIELD/TILE DEPTH 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 280 FT.

NUMBER OF TRENCHES 4 ONE-SIDE WALL/BOTTOM AREA 840 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 1-6-99 met with installer (Ed) to review installation of system (KM)
1-11-99 has house connection, distribution box according to specs, OK to cover from house to distribution box (KM)
1-12-98 OK to cover all work -
pump performance test needed Au 2/10/99 NO TEST TODAY (MR)
2/11/99 Pump not adequate - contractor to replace and call for
reinsp. ~~is~~ Pump Test - Pump OK (Near size specified), Unable to Test Alarm - will do Tuesday 2/12/99

DATE SYSTEM APPROVED 2/16/99 INSPECTOR [Signature]

2/16/99 Pump check OK. DKS

C1 1945

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A-56429-E

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED 022698

Depth of Well 245 (TO NEAREST FOOT)

PERMIT NO. HO-94-1430

OWNER Woodford Enterprises last name Dorsh Farm Rd first name TOWN WILD LAKE SUBDIVISION GARTHEN OVERLOOK SECTION LOT 5

WELL LOG

GROUTING RECORD

C3

Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries: Top Soil, Sandy, Sandstone, MICKA, Sandstone, MICKA, Sandstone, MICKA.

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 6 NO. OF POUNDS 600 GALLONS OF WATER 36 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 19 ft.

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 36 WHEN PUMPING 145 TYPE OF PUMP USED (for test) S submersible

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE SH Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 21

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) (+) above LAND SURFACE (2) (nearest foot) (-) below

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below STEEL BR BRASS BRONZE PL PLASTIC HO OPEN HOLE OT OTHER

WELL HYDROFRACTURED yes (Y) no (N)

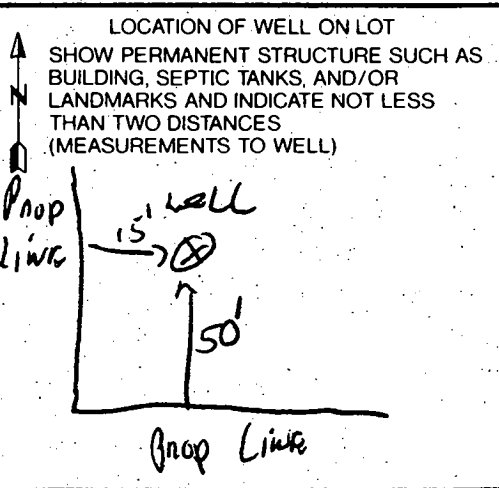
DEPTH (nearest ft.) HO 19 245 E A C H S C R E E N 1 2 3 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT NO. MSD 116 DRILLERS SIGNATURE Ralph M... SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) MSD 117 Ralph E. M...

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W.Q. TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 **8736** SEQUENCE NO. (MDE USE ONLY.)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

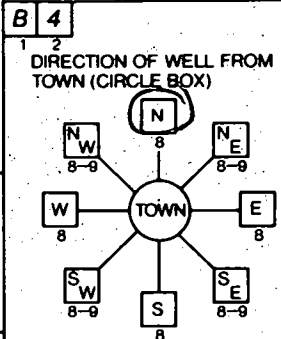
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
10-94-1430
 fill in this form completely

Date Received (APA) **020998**
 OWNER INFORMATION
WOODLOT ENTERPRISES
 Last Name Owner First Name
5026 DORSEY HALL DR
 Street or RFD
ELLICOTT CITY MD 21042
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
GAITHER OVERLOOK SUBDIVISION
 SECTION **5** LOT **5**
WILD LAKE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **4** MI

DRILLER INFORMATION CIRCLE: MSD/ MGD/ MWD
Ralph MAYNE
 Driller's Name License No. **716**
Ralph Mayne Well Drilling
 Firm Name
9120 Braune Church Rd Mt Airy
 Address
Ralph Mayne Feb 4 1998
 Signature Date



DORSEY FARM RD NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
225 DISTANCE FROM ROAD
 ENTER FT OR MI FT MI
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
156429-E COUNTY NO.
 STATE SIGNATURE _____ DATE ISSUED **021898** INSERT S
Kim Prieto CO SIGNATURE EXP. DATE **2/18/99**
 NORTH GRID **030000** EAST GRID **0520000**

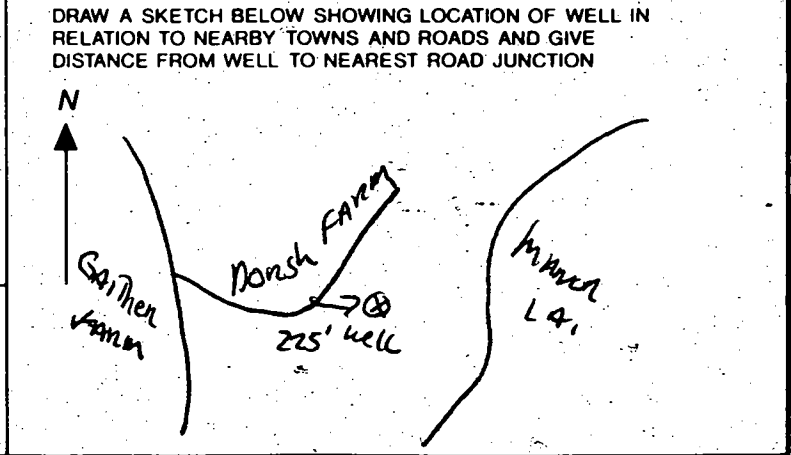
APPROXIMATE DEPTH OF WELL **150** FEET
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE

 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEAN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROX. PERMIT NUMBER _____
 FORCE M WRITE INITIALS IN BOX PERMIT No. **10-94-1430**

Total linear feet of trench required 280 feet

Width of trench(es) 3

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet
1,950 SF

Approved Septic System Plan

Howard County Health Department

Boo114516

Distribution Box
 Grd. 486.0
 Inv. 483.0

Distribution Box
 Ex. Grd. 488.0
 Inv. 485.0

Distribution Box
 Ex. Grd. 481.5
 Inv. 481.5

NOTE:
 BASEMENT WILL NOT
 GENER BY GRAVITY

SEPTIC EASEMENT

SEPT EASEM

Handwritten signature

10/23/98
 Date

10 Septic Tank
 Inv. In 472.6

Pump Septic Tank
 Inv. In 473.5

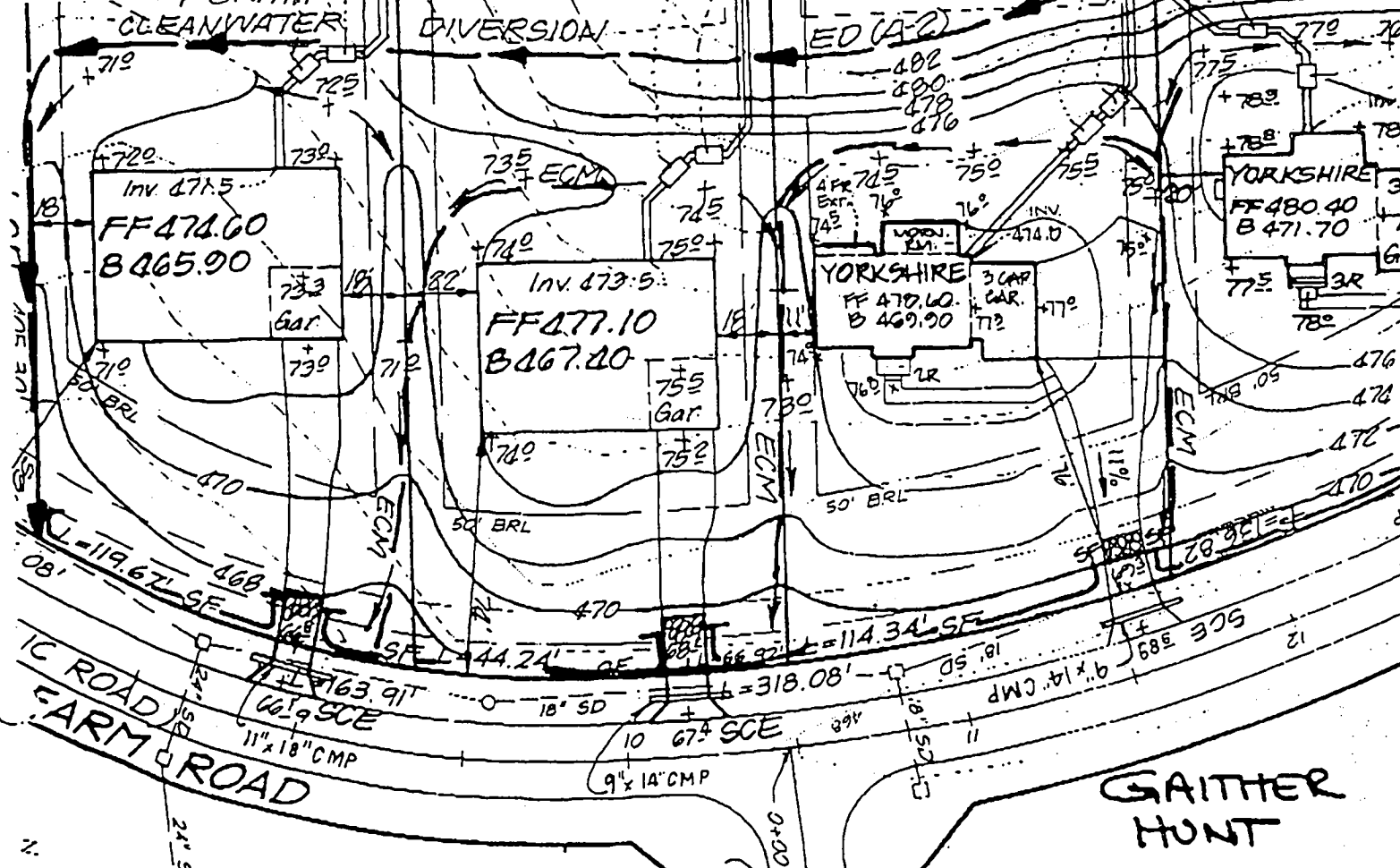
Pump Septic
 Inv. In 475.1

1250 Gal. Septic Tank
 Inv. In 473.0

1250 Gal. Septic Tank
 Inv. In 473.0
 Inv. Out 473.7

1250 Gal. Septic
 Inv. In 475.8
 Inv. Out 475

LENGTH OF TRENCH TO BE
 DETERMINED AT TIME OF SEPTIC
 PERMIT ISSUANCE



Liberty™

High Head **LE60-SERIES** EFFLUENT PUMPS 1/2" Solids-Handling 6/10 hp

*Specifically Designed For:
S.T.E.P. Systems, Mound Systems,
Liquid Waste Transfer, and
Commercial Sump Applications
requiring high head performance.*

MODELS:

| | |
|--------------|--------------------------------|
| LE61M | 115V, 14a, Manual |
| LE61A | 115V, 14a, Automatic |
| LE62M | 208-230V, 7a, Manual |
| LE62A | 208-230V, 7a, Automatic |

Automatic Models feature a mercury-free wide-angle float with series plug – allows for manual operation of pump separate from switch.

FEATURES:

- Semi-open impeller permits passage of solids without clogging.
- Cast iron construction with all stainless and brass fasteners.
- 416 stainless steel rotor shaft.
- Oil-filled, hermetically sealed motors with thermal overload protection.
- Permanently lubricated upper and lower ball bearings.
- Unitized shaft seal.
- Single float, mercury-free level control with series plug for manual by-pass operation – standard on automatic models.
- Adjustable pumping range.
- 10' U.L. approved power cord – standard. (20' optional).
- 1-1/2" FNPT discharge.

WATER & DRAINAGE EASEMENT

10' PUBLIC TREE MAINTENANCE EASEMENT PG. 226

EX. LOT 5 PLAT NO. 3407

lot 18

PROPOSED PAVING

12-19-97
WEST CO 5
ok JJ

LOT 7
19,881 SF

LOT 6
19,889 SF

LOT 5
19,187 SF

LOT 4
19,919 SF

LOT 3
17,824 SF

LOT 2
14,194 SF

lot 19

unimproved utility easement

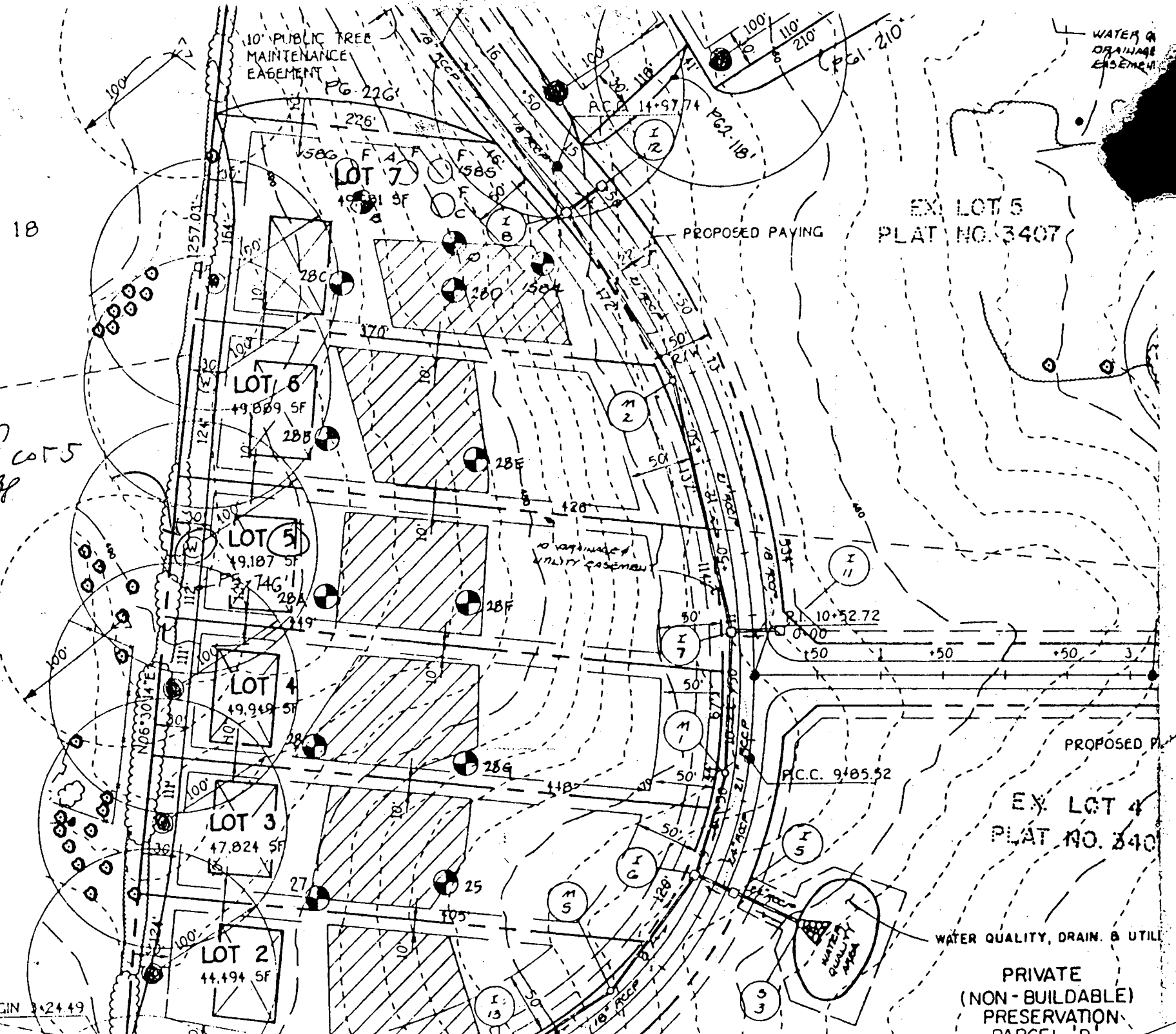
PROPOSED P

EX. LOT 4 PLAT NO. 340

WATER QUALITY, DRAIN. & UTIL

PRIVATE (NON-BUILDABLE) PRESERVATION PARCEL

BEGIN 2449



1-11-99
 WPT - ok to cover
 P.A. 4' below grade
 casing 2' above grade
 has 2pc cap, line sleeved out of house
 line sleeved with 25' of septic eq. service
 (XAN)

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043

~~461-0033~~ PHONE (410) 313-2640
 FAX (410) 313-2648

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
 Replacement

Receipt # _____
 Date 1/4/99

Name of Installer LEHSAC CORPORATION

Telephone 410-242-6888

License Number # 3344

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner RYAN HOMES Telephone 410-654-0501

Subdivision GATHERS HUNT Lot # 5 Well Tag # HO-99-1430

Site Address 11016 DORSCH FARM RD

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
2. Make JACUZZI
3. Model # 154521B-F2
4. Capacity 5 GPM

Motor

1. Horsepower 3/4
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 X

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

5. Pump exceeds well capacity Yes _____ No
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Tank

1. Capacity 86
2. Pressure relief valve? _____

Piping

1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

Well data

1. Depth 245 ft.
2. Yield 4 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer?

1/11/99 WPT see above OK WCM (SRW)

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 1/4/99

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

APPLICATION

PERCOLATION TESTING

A 56429E

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

TEST FEES
FOR 38 LOTS
PAID 2-1-96
ALM

DISTRICT _____

DATE 3-26-96

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER J Thomas Scrivener Ryan Homes

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Reuwer Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. L 5

ROAD AND DESCRIPTION (11016 Dorsch Farm Road)

TAX MAP 29 PARCEL # 21

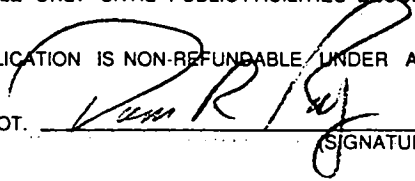
BLDG. PERMIT SIGNED

AND RETURNED 10-23-96

Serial # B10119576

SIZE OF LOT 1+ Acres TYPE BLDG. SFD - 4Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.



(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

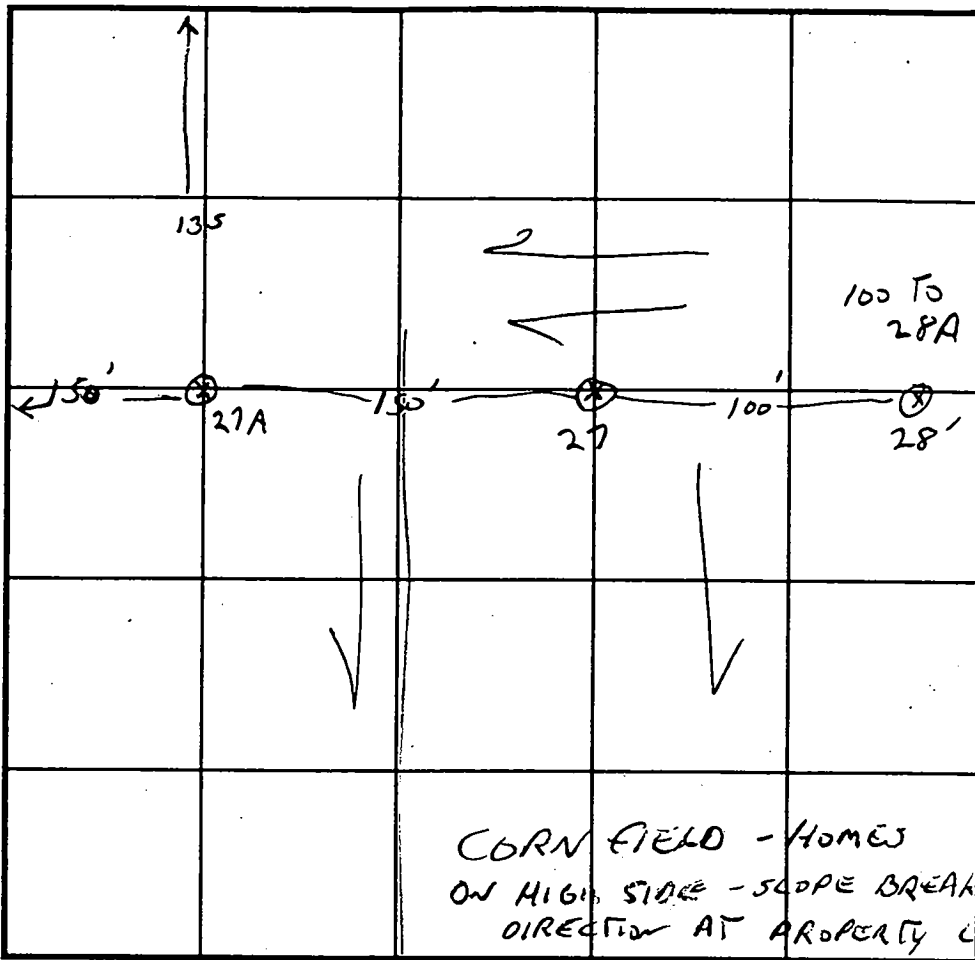
THIS IS NOT A PERMIT

56429E

COUNTY #

SOIL PROFILE 27

SIMILAR TO 27A
10% COBBLE



SOIL PROFILE 27A

TOPSOIL
ORANGE-BROWN CLAY LOAM
TAN SSL

TOPSOIL
BROWN CLAY LOAM
ORANGE BROWN SANDY CLAY LOAM
COARSE GRAVEL
5% QUARTZITE + mica

TOPSOIL
ORANGE CLAY LOAM
GREY BROWN SANDY LOAM
30% MIXED ROCK

CORN FIELD - HOMES
ON HIGH SIDE - SLOPE BREAKS OTHER DIRECTION AT PROPERTY LINE

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|-------|---------|-------|----------------|-------|---------|
| | | | START | STOP | START | STOP | |
| 3/26/96 | 27A | 7' | 10:20 | 10:36 | 10:36 | 11:06 | 30 MIN |
| | | 3.5" | 10:20 | 10:22 | 10:22 | 10:25 | 3 MW |
| | 27 | 5' | 10:29 | 10:30 | 10:30 | 10:33 | 3 MIN |
| | 28 | 4.5" | 10:40 | 10:44 | 10:44 | 10:52 | 8 MIN |
| | 28A | 4' | 10:49 | 10:50 | 10:50 | 10:53 | 3 MW |
| | 28 | 7' | 11:53 | 11:54 | 11:54 | 11:55 | 1.5 MIN |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS ~~60A, USE 27, 27A, 28, 28A~~

TYPE OF SOIL _____

TESTED BY G. SAUSAGE ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 1.5 MIN TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180

11'6"
43
3
5

10'5"

APPLICATION

PERCOLATION TESTING

A 56429

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 3-26-96

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER J Thomas Scrivener

ADDRESS c/o Land Design & Development PHONE 410 740 5176

AGENT OR PROSPECTIVE BUYER Donald R. Rewer Jr

ADDRESS 10805 Hickory Ridge Rd PHONE _____
21044

PROPERTY LOCATION:

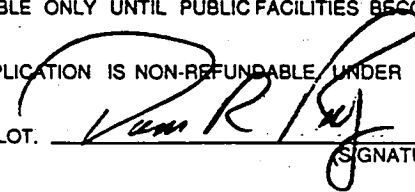
SUBDIVISION _____ LOT NO. 15

ROAD AND DESCRIPTION _____

TAX MAP 29 PARCEL # 21

SIZE OF LOT 1+ Acres TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.



SIGNATURE OF APPLICANT

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

56429E

COUNTY #

SOIL PROFILE 25

0' TOPSOIL

2' BROWN CLAY LOAM

3-4' LIGHT BROWN SSC

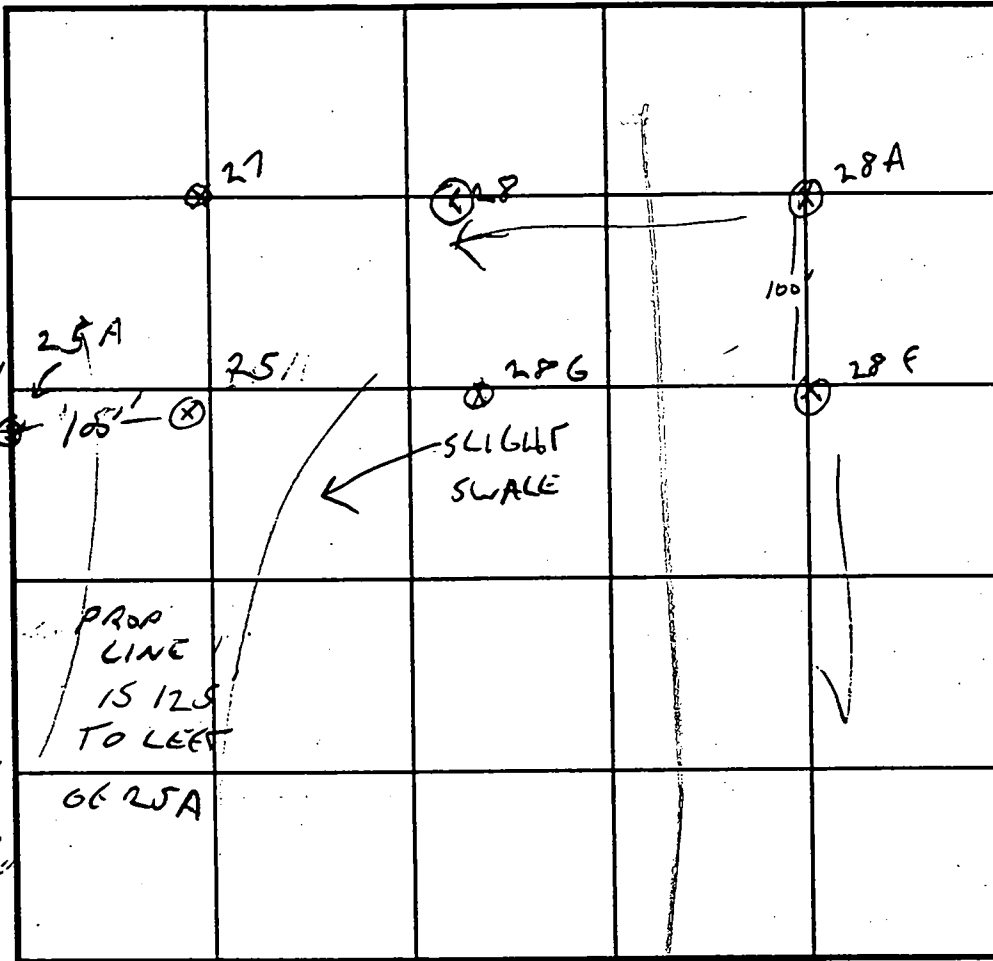
28H

6" TOPSOIL

3'6" DARK BROWN C.L.

BROWN SANDY LOAM

8' GREY SANDY LOAM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE 28F

0' TOPSOIL

1' ORANGE CLAY LOAM

4' TAN SILT 20% QUARTZITE ROCK

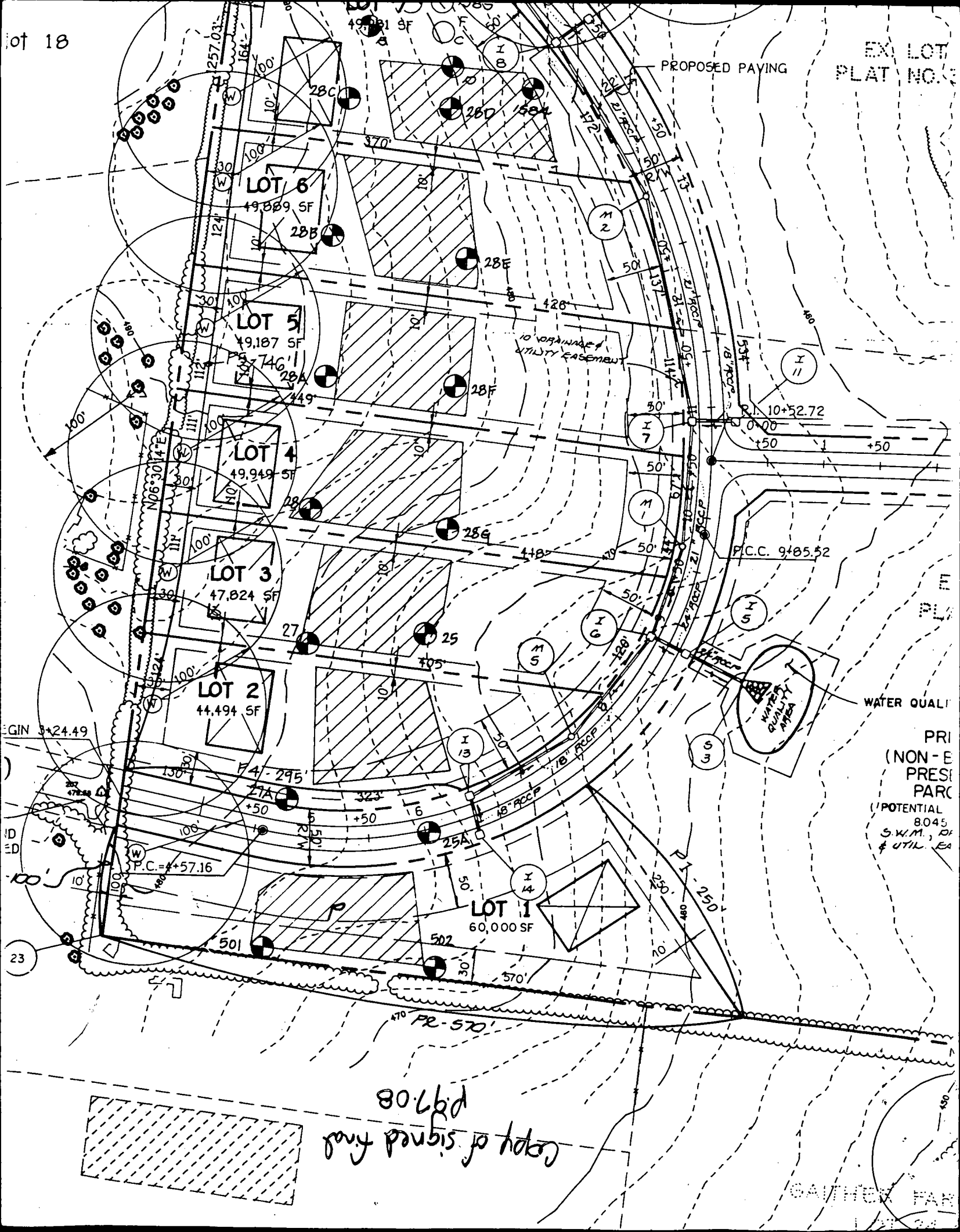
| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|--------|---------|-------|----------------|-------|-------|
| | | | START | STOP | START | STOP | |
| 3/26/96 | 28F | 5' | 12:01 | 12:02 | 12:02 | 12:04 | 2 MIN |
| | 28G | 4' | 12:11 | 12:13 | 12:13 | 12:15 | 2 MIN |
| | 25 | 5 1/2' | 12:18 | 12:20 | 12:20 | 12:24 | 4 MIN |
| | 28H | 5' | 12:30 | 12:32 | 12:32 | 12:34 | 2 MIN |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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REMARKS LOT 5

TYPE OF SOIL

TESTED BY GLEN SAVAGE ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3 MIN TRENCH WIDTH 3



PROPOSED PAVING

10' ORNAMENTAL
UTILITY EASEMENT

P.C.C. 9'x85.52

WATER QUALITY

PRI
(NON-E
PRES
PARC

(POTENTIAL
8045
S.W.M., D
& UTIL. EA

80-lbid
copy of signed final

GAITHER FAR